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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

	Attorney Docket No.	HAL-11303/04
Address to:	First Named Inventor	Toshiharu Nogi
Assistant Commissioner for Patents	Original Patent Number	5,894,832
Box Reissue	Original Patent Issue Date	04/20/99
Washington, DC 20231	(Month/Day/Year)	
	Express Mail Label No.	
APPLICATION FOR REISSUE OF: X Utility Patent (Check applicable box)	Design Patent Plant Patent	
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS	
1. X Fee Transmittal Form (PTOI SBI 56) (Submit an original, and a duplicate for fee processing)	10. X Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	
2. Applicant claims small entity status. See 37 CFR 1.27.	11. Original U.S. Patent for surrender	
3. X Specification and Claims in double column copy of patent format (amended, if appropriate)	Ribboned Original Patent Grant	
4. X Drawing(s) (proposed amendments, if appropriate)	Statement of Loss (PTO/SB/55)	
5. X Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
6. X Power of Attorney	13. X Information Disclos	ure X Copies of IDS
7. Original U.S. Patent currently assigned? X Yes No	English Translation of Reissue Oath/Declaration (if applicable)	
(If Yes, check applicable box(es))	(ii applicable)	
X Written Consent of all Assignees (PTO/SB/53)	15 Preliminary Amendm <i>e</i> nt	
(PTO/SB/96) 37 C.F.R. § 3.73(b) Statement	16. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	•••••••	
a. Computer Readable Form (CFR)		
b. Specification Sequence Listing on: i □ CD-ROM (2 copies) or CD-R (2 copies); or		
ii 🗋 paper	I	
C Statements verifying identity of above copies		
18. CORRESPONDENCE ADDRESS		
Customer Number or Bar Code Label	Notaceda label here).	espondence address below
Name		
Address		
	Zip Code	
City State	Fax	
Country Telephone		
NAME (PrintlType) Douglas W. Sprinkle	Registration No. (Afforney/Agent)	27,394
Signature + ECT	<i>D</i> ate	4/20/01

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Döcket Number (Optional) REISSUE APPLICATION FEE TRANSMITTAL FORM HAL-11303/04 Claims as Filed - Part 1 Small Entity Other than a Small Entity Claims in (3)Number Filed in Patent Reissue Application Rate Fee Number Extra Rate Fee **Total Claims** (B) 100 (A) 36 \$1152 x\$18 =(37 CFR 1.16(j)) 48 (D) 5 independent claims 43 ×\$<u>80</u> = \$3440 (37 CFR 1.16(i)) Multiple Dependency Fee \$270 \$<u>980</u> Basic Fee (37 CFR 1.16(h)) \$710 **Total Filing Fee** \$ 5572 OR Claims as Amended - Part 2 (1) (2)(3) Small Entity Other than a Small Entity Highest Number Extra Claims Remaining Rate Fee Rate Fee Previously Claims After Amendment Paid For Present **Total Claims** = MINUS х\$ (37 CFR 1.16(j) Independent **** MINUS x \$_ Claims (37 CFR 1.16(I)) Total Additional Fee \$ OR * If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. ______ in the amount of _____ A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 07-1180 A duplicate copy of this sheet is enclosed. A check in the amount of \$ ______ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Signature of Applicant, Aftorney or Agent of Record Douglas W. Sprinkle Mg/bedia builded usue

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STATEMENT UNDER 37 CFR 3.73(b)		
Applicant/Patent Owner: Toshiharu Nogi	, Frank W. Hunt	
Application No./Patent No.: 5,894,832	Filed/Issue Date: 04/20/99	
Entitled: Cold Start Engine Control		
Hitachi America, Ltd. a	corporation	
	Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)	
states that it is:		
1. Let the assignee of the entire right, title, and		
2. Lan assignee of less than the entire right, the extent (by, percentage) of its owners	title and interest. hip interest is%	
in the patent application/patent identified above		
	e patent application/patent identified above. The assignment t and Trademark Office at Reel, Frame, or for	
OR		
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[] Additional documents in the chain	of title are listed on a supplemental sheet.	
[X] Copies of assignments or other documents in [NOTE: A separate copy (i.e., the original as	in the chain of title are attached. ssignment document or a true copy of the original document) accordance with 37 CFR Part 3, if the assignment is to be	
The undersigned (whose title is supplied below)	is authorized to act on behalf of the assignee.	
X4118/01	Y Philip H. Omsberg	
Date	Typed or printed name	
	X The Sold Son Leg	
	Signature X Exec Vice President & GenCour	

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